

**Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006  
Community Based Residential Facility  
CLASS AS (SEMIAMBULATORY)

**Facility Information**

**Facility Name:** CRISIS CENTER (410469)

**Address:** 1406 N 11TH ST, SHEBOYGAN, WI 53081

**License Status:** REGULAR

**Licensed/Certified/Registered** 05/01/1989

**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

**Survey History**

**Survey ID:** 0094071      **End Date:** 01/31/2005      **Type:** STANDARD      **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #10007074    Served 02/11/2005

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(3)(b)	COMPLETE BACKGROUND CHECK PROCESS		

**Survey ID:** 0091707      **End Date:** 11/11/2003      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #10006914    Served 12/18/2003

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(1)(b)	WRITTEN REPORT OF ASSESSMENT	01/31/2005	Yes
83.33(2)(a)	SUPERVISION	01/31/2005	Yes
83.33(3)(e)6	MEDICATION ERRORS AND ADVERSE REACTIONS	01/31/2005	Yes

**Survey ID:** 0090666      **End Date:** 07/10/2003      **Type:** OTHER      **Purpose:** COMPLAINT/SELF REPORT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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Community Based Residential Facility  
CLASS AS (SEMIAMBULATORY)

STATE OF WISCONSIN  
Bureau of Quality Assurance  
P.O. Box 2969  
Madison WI 53701-2969

**Enforcement History**

**Date:** 12/15/2003

**Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.33(2)(a)

FORFEITURE---83.33(3)(e)6

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**Complaint History**

**Date Complaint Received: 06/02/2003**

**Date Investigation Completed: 07/10/2003**

Subject Area(s)

RESIDENT BEHAVIOR/FACILITY PRACTICE  
PROGRAM SERVICES

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

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